

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1218SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2008
NAME OF PROVIDER OR SUPPLIER WHITE PINE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 AVENUE G ELY, NV 89301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility from August 18, 2008 through August 21, 2008. The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. Ten personnel records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Z 000		
Z342 SS=D	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188.	Z342		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z342	Continued From page 1 This Regulation is not met as evidenced by: Based on personnel file review and interview, it was determined the facility failed to provide evidence of a two-step tuberculin skin test for 2 of 10 employees. (#2, #5) Findings include: Employee #2: The employee was hired on 6/7/08. An initial first step tuberculin skin test was performed. However, there was no evidence of a second step tuberculin skin test. The personnel officer indicated the test had not been completed. Employee #5: The employee was hired on 5/17/08. An initial first step tuberculin skin test was performed. However, there was no evidence of a second step tuberculin skin test. The personnel officer indicated the test had not been completed. Severity 2 Scope 1	Z342			
Z393 SS=D	Personnel Training in Dementia NAC 449.74522 Employees of facility which provides care to persons with dementia. 1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:	Z393			

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Z393	<p>Continued From page 2</p> <p>(a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and</p> <p>(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.</p> <p>2. The hours of continuing education required to be completed pursuant to this section:</p> <p>(a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and</p> <p>(b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.</p> <p>3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.</p> <p>4. A person employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.</p> <p>5. As used in this section, " continuing education specifically related to dementia " includes, without limitation, instruction regarding:</p> <p>(a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, which includes instruction on the symptoms, prognosis and treatment of the disease;</p>	Z393			

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Z393	<p>Continued From page 3</p> <p>(b) Communicating with a person with dementia; (c) Providing personal care to a person with dementia; (d) Recreational and social activities for a person with dementia; (e) Aggressive and other difficult behaviors of a person with dementia; and (f) Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review and interview, it was determined the facility failed to provide evidence of 8 hours of dementia training within 30 days of hire for 4 of 10 employees. (#5, #7, #8, #9)</p> <p>Findings include:</p> <p>Employee #5: The employee was hired on 5/17/08. There was no evidence of dementia training in the file. The personnel officer indicated the training had not been conducted within thirty days of hire.</p> <p>Employee #7: The employee was hired on 6/6/08. There was no evidence of dementia training in the file. The personnel officer indicated the training had not been conducted within thirty days of hire.</p> <p>Employee #8: The employee was hired on 6/10/08. There was no evidence of dementia training in the file. The personnel officer indicated the training had not been conducted within thirty days of hire.</p>	Z393			

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Z393	Continued From page 4 Employee #9: The employee was hired on 7/7/08. There was no evidence of dementia training in the file. The personnel officer indicated the training had not been conducted within thirty days of hire. Severity 2 Scope 2	Z393			

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